

An Essay on Enteromesenteric
or Typhoid Fever

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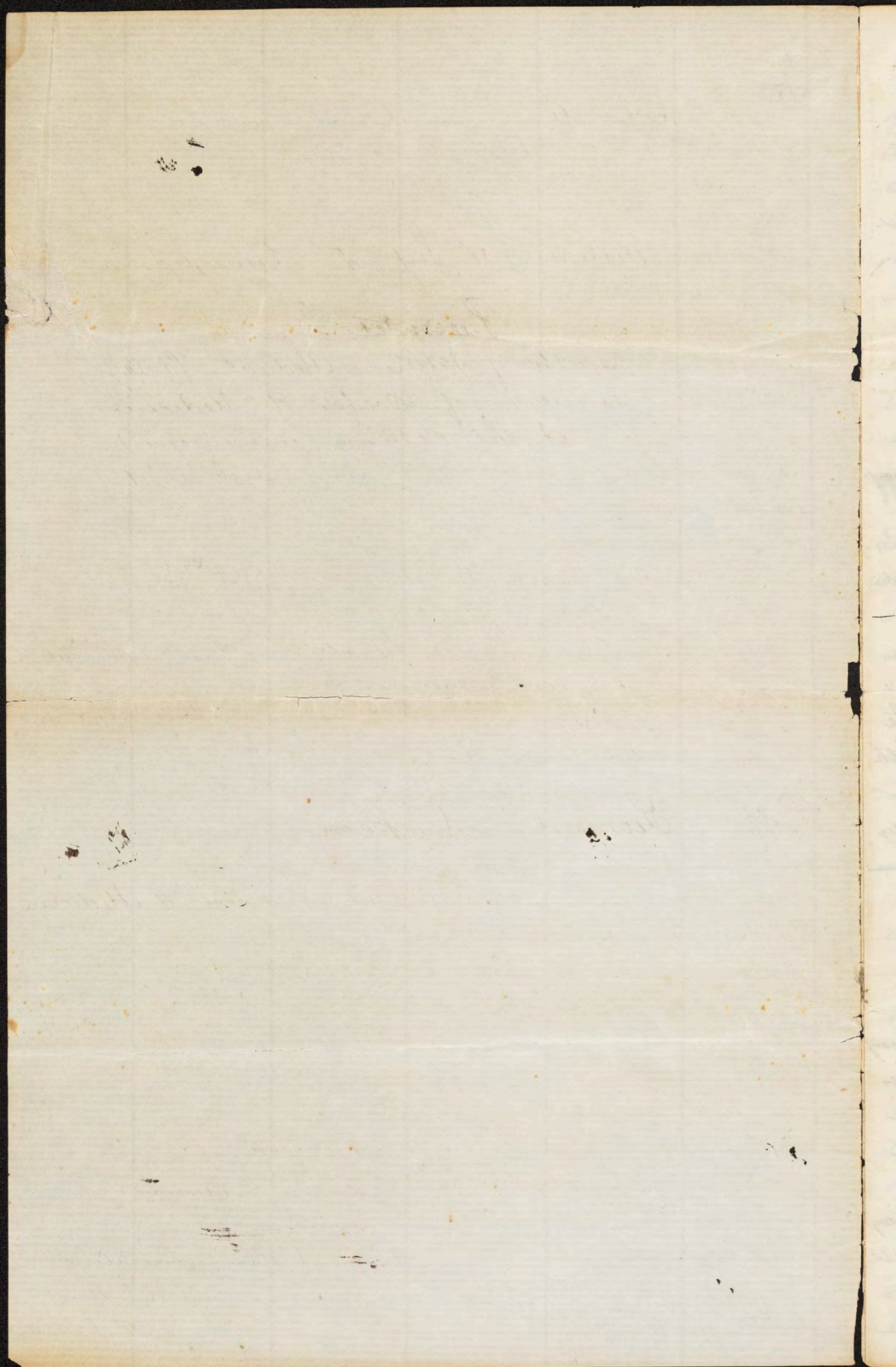
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Entero-mesenteric or Typhoid Fever. This is, a continued fever of a low type; having, peculiar symptoms, and characteristic lesions. the disease sometimes begins abruptly, by a chill, followed by the usual symptoms of fever; ~~but~~ ~~as~~ it occurs in this country it generally comes on with premonitory symptoms, so that it is often difficult to fix the precise point of its commencement, the patient complains of great uneasiness, weariness, soreness of his limbs, and often a little head ache, if the tongue is examined it will be found to be coated with a white fur; these symptoms continue a variable length of time, being aggravated at night, about the fourth day there is increased irritability, the pulse is somewhat accelerated, being from natural up to one hundred in the minute, and generally very irregular, there is complete loss of appetite, thirst, and great weakness, head ache is seldom absent, and in some cases it is the chief complaint, sometimes there is much restlessness with want of sleep. a characteristic symptom is bleeding at the nose, diarrhoea is not unfrequent, it generally comes on in the beginning, the stools are of an amber colour and in the last stages of the disease become bloody, as the disease advances these symptoms become aggravated, the pulse is more frequent, and strong; the skin hot and dry; the tongue, dries and becomes red at the tip and edges. there is pain in the right iliac region, with a gurgling sound upon pressure; tympanitis is also present, the abdomen is obviously distended so as to present a convex outline from the ensiform cartilage to the pubis, when the patient lies on his back; there also appears about this time symptoms either

the urine is sometimes changed. it is scanty high colored and ^{offensive}.

of Bronchitis or Pneumonia, If the surface of the abdomen is examined, about the seventh or ninth day a characteristic rose colored eruption will be discovered, resembling flea bites, which can be dispersed by pressure; this eruption must not be confounded with the petechia occurring in Typhus fever, which is essentially an effusion of blood into the areolar tissue, and does not disappear upon pressure; at the same time, or sometimes not until a week later, a crop of vesicles, will ~~be~~ be detected upon the neck and thorax called sudamina. The nervous ^{now} symptoms, assume a more decided character. Delirium or stupor often takes the place of the severe headache of which the patient complained of. Ringing ~~and buzzing~~ in the ears ~~is~~ followed by dullness of hearing, amounting sometimes to deafness. The eyes are injected, the tongue becomes incrustated with a black coating, which often cracks and peels ^{and off} leaving the raw surface exposed, and the teeth ^{and gums} are covered with dark foides. The pulse becomes exceedingly frequent and feeble, the surface is either hot and dry over the whole body or hot in some ~~parts~~ while it is cool in others; an unpleasant ^{odor} ~~often~~ often exhales from the body; subultus tendinum. Twitching of the facial muscles, and even epileptiform spasms sometimes make their appearance. As the patient becomes more feeble he slips down to the foot of the bed; he picks at the bed clothes or imaginary objects in the air; mutters half-formed delirious sentences or exhibits a profound ^{State of} Coma, and often, under the influence of a potent delirium, he arises from his bed and unless guarded, probably reaches his door and falls down exhausted. There are ^{also} involuntary evacuation, hemorrhages from the bowels, or other mucous surfaces, with petechia and vibices upon the skin, with great liability of the skin to sloughs, sometimes in the course

- of the second week, the patient is suddenly seized, without any premonition of danger, perhaps in the midst of convalescence with violent pains in the abdomen, which is exceedingly tender to the touch, vomiting of green, bilious matter, a small fluttering pulse, syncope, constipation and coldness of the extremities, the knees are drawn up and the face assumes an anxious expression, a collapse of the circulation and of the surface precedes death, which takes place usually ~~within~~ a day or two, but life is sometimes prolonged a week, the cause of these symptoms is perforation of the intestine and escape of its contents into the cavity of the peritoneum, producing inflammation. The mild cases are more liable to this than the aggravated, ^{form} and is almost uniformly fatal.

Anatomical Characters. - It is almost impossible to find a single organ of the body that may not be the seat of some anatomical lesion. Those which are considered characteristic of this fever, however, are thickening, softening and ulceration of the glands of Peyer, commencing near the ileo-coecal valve first, then those higher up. Enlargement, softening, and ulceration of the mesenteric ganglia. Those corresponding with the morbid patches are most affected, the glands are reddened enlarged and softened and sometimes exhibit traces of pus. The solitary mucous follicles of the ileum frequently denominated the glands of Brunner, are usually affected in the same manner as the glands of Peyer; the lymphatic glands elsewhere are also sometimes enlarged and reddened but less frequently and in a less degree, than those corresponding with the ^{diseased} glands of Peyer.

Other lesions ~~met~~ with are ulceration of the pharynx and epiglottic cartilage, softening of the spleen, sometimes of the liver and kidneys, hepatization of the lungs, softening of the heart, and sometimes inflammation -

Meninges of the
 of the brain with effusion, the blood drawn ~~in this~~
~~in this~~ disease is deficient in fibrin, and 'tis said by
 some authors to contain ~~an~~ excess of blood corpuscles,
 being contrary to ordinary inflammation.

Causes—Of the immediate cause of this disease there
 is little or nothing known, the circumstances of its
 production are very diversified. It attacks all persons
 rich and poor, though it is certainly often generated
 where a number of persons are crowded together,
 with unwholesome, or insufficient food, and confined
 and vitiated air, by some it is thought to be contagious
 but the weight of opinion is decidedly against this
 view, since it is very seldom if ever communicated
 in isolated cases. The predispositions are, age, sex, locality
 and idiosyncrasy, attacking strangers more frequently
 than old residents, so that it has been termed the
 strangers fever, it is generally a disease of the young,
 rarely attacking persons beyond thirty years of age,
 and almost never after fifty. males are more liable
 to this disease than females, it may occur at any season
 but most commonly in the autumn and winter.

It is generally admitted, ^{that it does} not ~~is~~ occur twice in the same
 person, hence ~~perhaps~~ its comparative infrequency in
 the aged, those who are likely to have the disease will
 have it before they have attained middle life,

Diagnosis. The most characteristic symptoms of this
 disease are the slow and insidious attack; the dusky
 hue of the countenance; ~~the~~ diarrhoea; ~~the~~ a tendency
 to epistaxis; ~~the~~ gurgling ^{noise} in the right iliac fossa; ~~the~~
 stupor and delirium; and after the seventh or ninth
 day ~~the~~ a rose coloured eruption; the tympanitic abdomen
 dryness of the tongue; and lastly by the duration
 of the disease exceeding that generally of all other fevers,
 and the peculiar musty smell when the skin is dry,
 and acid when it is moist, ~~still~~ ^{all} those symptoms

are not necessarily present, the diagnosis may be certain though many of them should be absent, a hasty decision should be avoided at the commencement of the complaint, ^{as} many fevers resemble each other in the beginning, and for the first three or four days of this fever it is almost impossible to decide with certainty as to its character.

Prognosis— Not even the mildest cases can be looked upon as free from danger, while on the other hand there is no condition so low, no symptom so fatal, that death should be considered inevitable, it is only in articulo mortis that the case should be given up, the most desperate state is perforation of the intestine. Among the unfavorable symptoms are constant delirium, a belief on the part of the patient that nothing will hurt him; a sudden shifting of position on the elbows; deep coma; stertorous respiration; great subultus; rigidity of the limbs; profuse diarrhoea; or hemorrhage from the bowels; great prostration and frequency of the pulse; and excessive tympanitis. The favorable symptoms are absence of the diarrhoea, diminished frequency of the pulse and heat of the skin, increased consciousness and interest in surrounding objects, a disposition in the tongue to become clean. The younger the patient, and the better his previous health, the more favorable is the prognosis.

Treatment— This fever cannot be cut short by any treatment, but may be modified by proper means. An emetic given in the commencement generally relieves the distressing head ache, by emptying the stomach of all irritable matter, and equalizing the circulation. ~~As~~ there is often diarrhoea or a tendency to it from the commencement, it is not advisable as in most other fevers to begin the treatment with cath

very active ^{active} purges, yet the bowels should be thoroughly evacuated, in order to obviate the injury arising from the contact of irritating matter with their lining membrane, among the best cathartics that may be used ~~is~~ ^{is} calomel combined with rhubarb, or castor oil, or a small dose of the sulphate of magnesia, will generally suffice, when there is much existing irritation the castor oil should be preferred, when there is pain with the diarrhoea fifteen or twenty drops of laudanum may be given with the oil, the diarrhoea or tendency to it should always be borne in mind by the practitioner, and all irritating and drastic cathartics should be avoided, Throughout the complaint the bowels ~~must~~ ^{should} be attended to, if they ~~are~~ ^{are} open, no evacuating medicines will be required, ~~on the contrary~~ ^{on the contrary} should they be scanty or wanting, one full discharge should be procured daily by proper means, the mildest laxatives and those in small doses will be sufficient, one or two drachms of epsom salts, a teidlitz powder, a drachm or two of castor oil may be given, and repeated if necessary, When the stomach is very irritable an enema may be used with the same effect as with the cathartic medicine, these should be mild in the beginning but towards the latter stages may be combined with the oil of turpentine, The bowels having been properly attended to, the next thing is to obviate the febrile symptoms, this may be done by venesection, when the pulse is full and strong, and there is sanguineous determination to the brain, though as a general rule it had better be ~~admitted~~ ^{admitted}, it cannot arrest the disease, the protracted duration of the disease must here also be borne in mind, and no —

blood drawn unless imperatively demanded. Leeches
 and cups to the head, and to the right iliac fossa
 may be advantageously employed, where there are
 evidences of congestion in the first, or of inflammation
 as evinced by pain and tenderness, in the second
 locality. Diaphoretics are useful throughout the complaint,
 the best is the neutral mixture given with tartar-
 ized antimony, or sweet spirit nitre, in the beginning
 of the disease, and the spiritus mindereri and
 nitre in the latter stages, for the heat of the
 skin cold sponging, if it do not chill the patient,
 is an excellent remedy, and the internal
 use of ice is often very grateful. an enemata
 of vinegar and water has in some cases relieved the
 head; in cases attended with much debility, diluted
 spirit may be substituted for pure water. Cold applications
 to the head, by means of ice in a bladder, are very
 serviceable in relieving the pain and delirium, the
 hair should be shaved off, and if the head be cold
 while delirium is present, "Chomel" recommends the appli-
 cation of warm fomentices, should there be much
 abdominal tenderness, a few ounces of blood may
 be taken by leeches, followed by the application of
 warm fomentations or emollient cataplasms. If
 the diarrhoea be not too great it is best to let it alone
 but if it be excessive, Opium combined with any
 of the astringents as Rhatany, Tannin, or alum, if this
 does not arrest it apply ~~eddy~~ cups, or what is still
 better the Neptune girdle, ^{which is} made by wringing out
 the middle of a sheet in cold water and wrapping
 it around the patient, then letting the dry ends
 cover the abdomen ^{so as} to prevent evaporation,
 Nervous symptoms may be combatted by the use
 of Hoffmanns anodyne, Camphor water, or opium
 if not contra-indicated, In the advanced stage

of the disease when the urine is scanty ^{and} the tongue
 dry, skin parched, when sordes appear on the gums
 and lips, and there is delirium, or increased stupor
 with abatement of the vital actions, no remedy is
 so effectual as mercury, given to affect the gums
 lightly, blue mass combined with ipecacuanha in
 small doses given at short intervals, tends to soften
 the skin and corrects the disordered secretions, Calomel
 may be used if preferred in doses of a quarter or
 sixth of a grain, under the use of mercury the skin
 becomes relaxed, ^{and the} tongue not infrequently becomes moist,
 and all the symptoms ^{are} changed, and the patient
 recovers without further treatment. Should the disease
 not yield, especially if the tongue remains dry,
 and the abdominal distension undiminished,
 Dr. Wood strongly recommends the oil of turpentine,
 particularly in that stage when the tongue, instead
 of cleaning gradually from the edges and tip
 parts rapidly with it, first from the middle or
 back part of its surface, which is left smooth and
 glossy, it should be given in doses of from five to
 twenty drops every hour or two, for two or three
 days, a little laudanum may be added if it disturbs
 the stomach or bowels. If the debility increases, the
 patient's strength should be supported by tonics
 and stimulants, the period when ^{when} ~~the~~ stimulants ^{should be used} varies
 greatly in different cases, the choice of ^{them} ~~stimulants~~ is
 immaterial, ^{as} in this we may consult the taste
 of our patient, Beef tea or beef essences, wine whey,
 milk punch, together with the use of quinine,
 opium, serpentaria, ~~as~~ the exigencies of the case may
 demand, in adynamic cases, quinia is the best
 remedy, Sloughing must be prevented by obviating
 pressure, profuse epistaxis by plugging the nostrils,
 And in case perforation of the intestines recourse

must be had to large doses of opium, For ulceration
 of the glands of Peyer nitrate of silver in quarter
 grain doses in pill, given every two hours, is highly
 recommended by "Prof. Mitchell." In excessive subsultus,
 great nervous restlessness, & fæctitation. The anti-spasmodics
 have been recommended, as Assafoetida, Musk, camphor,
 Tincture of valerian, &c. For Hiccough the common brewers
 yeast, is said to be the best remedy, given in table
 spoonful doses, In cases of peritoneal inflammation
 from intestinal perforation, the only hope is in the
 use of large doses of opium, ^{as proposed by Graves and}
 Stokes, in connection with perfect rest, and ~~the~~
 avoidance of all substances, which can in any
 way disturb the bowels, it is of the utmost im-
 portance to attend to the state of the bladder,
 and if there be retention of urine to draw it
 off with ~~the~~ catheter. When there is reason to believe
 that the disease is complicated with Bilious or Remittent
 fever, and especially when under such circumstances
 it terminates in intermittents. sulphate of quinine
 should be used without hesitation, to correct the
 state of the blood chlorine may be employed in
 some form, the patient should be sponged with
 something containing chlorine as Labarraques disinfecting
 liquid or the chlorinated soda, The management
 of the patient during convalescence, is not less
 important than during the progress of the disease,
 the chief danger is, that his desire to ^{be allowed to} get up, and his
 wish to eat animal food, should ^{not} be too soon indulged,
 the latter of these errors is above frequently the
 cause of a relapse than any other circumstance,
 until the tongue is quite clean and moist, and
 of its natural color, and the pulse has lost all its
 hardness, the patient must be kept on broth, jellies
 puddings, and preparations of the well known -

farinaceous article of food, Then he may begin with
~~some~~ some boiled white fish, and so gradually eat his
 way through, chicken ~~liver~~, mutton chop, to his
 ordinary diet again. ~~As~~ drinks, cold lemonade, or orange
 -ade, carbonic acid water, and pure ice water in
 moderation, Throughout the whole ~~disease~~ the greatest
 attention should be paid to cleanliness and ven-
 tilation, and when the atmosphere cannot be
 purified by these means recourse may had to
 chlorine, the bowels must be attended to and the debility
 which is apt to remain is best treated by quinine, *Finis*,